



Testimony of
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In support of SB 855
An Act Concerning Reports of Nurse Staffing Levels
March 5, 2014

Good afternoon Senator Gerratana, Representative Johnson and members of the Public Health Committee my name is Rachel Mellow Pond and I am a seasoned Emergency nurse who strongly supports SB 855 whose passage would address the urgent need for reported nursing staffing levels in hospitals. SB 855 requires all licensed facilities to submit yearly anticipated RN, LPN and nursing aide staffing needs, and quarterly actual utilized staffing numbers to the DPH.¹ The passage of SB 855 would provide a strong basis for the establishment of a safe RN to patient ratio.

The Emergency Department (ED) is a uniquely fast paced and volatile environment. While I love my work, patients and coworkers, I have scarcely worked a shift in the past seven years which did not present multiple safety issues – many of which could have been alleviated by adequate staffing. The two EDs in which I have worked had vast differences in their staffing practices. In my first position at an ED in our capital city, as a newly graduated RN I was responsible for a minimum of eight patients. In addition, I was required to leave my assignment to take lead on a trauma case when one arrived, whilst hoping that my coworkers (with their own 8:1 ratio) would be able to check on my patients for me while I was gone. My coworkers now had *twelve* potentially unstable patients each to assess, medicate, vitalize, toilet, educate, console, reposition, reassess and remedicate. Family members unable to visit patients appreciate telephone updates and education. Non-English speaking, the obese, unstable and/or confused patients and those requiring transfer are just a few examples of patients who require extra effort to complete the same tasks. My patients would have the call bell (helpful only if the person was cognizant enough to use it when needed) or sometimes a visitor; however, due to the overwhelming work load, it was very common for 2-3 hours to pass before anyone could check on that patient again.

Nurses take pride in our organizational and multitasking skills. Part of the reason why I love my profession is that it allows me to exercise many different skill sets. Nurses are advocates, healers, confidants, delegators, nurturers, educators and team players. Nurses are the eyes, ears and hands of physicians. We are professionals dedicated to lifelong learning and political activism. Vandenhouten et al. powerfully states that “nurses have an obligation to advance the profession and promote community, national, and international efforts to meet health needs through political participation” (2011).²

Despite our resiliency and devotion to our patients, it is simply impossible to safely and wholly complete our daily tasks satisfactorily with the current amount of patients we serve each shift. It is standard a occurrence to squeeze in only two bathroom breaks and choke down half a sandwich in five

minutes for “lunch” – while I chart at the desk - over a twelve hour shift. A more manageable RN to patient ratio would decrease anxiety of being unable to “do it all” while alleviating the concern patients feel when they are not regularly checked on. It would help minimize that terrible sense of failure nurses endure when we are physically unable to address all patient requests due to limited time allotted between our assignment of patients and the necessity of prioritization. Adequate staffing would empower nurses to resolve the current patient diagnosis in a more holistic, enduring and meaningful manner for our patients.

In my research on this issue I have noted two consistent arguments presented by various hospital representatives and associations. The first claim weakly insists that SB 855 will pose an unnecessary administrative burden. We live in a digital age. Hospital employees swipe in and out of work to create electronic timecards for payroll purposes and creating staffing patterns is a requisite managerial duty. Therefore, I reject the notion that requesting the manager of each unit to print out the average number of hours worked by employees versus number of patients treated per quarter is an overwhelming administrative duty.

The second reason given by hospitals against SB 855 is that staffing is a complex and dynamic issue for which numbers alone cannot provide an accurate representation of “adequate” staffing levels. I cannot agree more wholeheartedly. Safe staffing levels depend upon patient acuity, experience of the nurse, ancillary staff and environmental factors, to name a few. The obesity boom in America means that bariatric patients are becoming the norm; increased staff numbers are needed for daily care such as cleaning, toileting and positioning without patient or staff injury. A “bare minimum” staffing level must be established by the state because even the most seasoned nurse requires assistance to safely provide patient care. Hospitals argue that they already provide safe staffing levels with these factors in mind; therefore, to provide documentation of a practice they state is in use should be easy. Requiring hospitals to report quarterly staffing levels will increase transparency for the public.

Mandating the reports of staffing levels will contribute to creating a reliably safer inpatient environment for patients, staff and hospitals alike. The American Nurses Association supports “adequate numbers of licensed registered nurses, licensed practical (vocational) nurses, and other personnel to provide nursing care to all patients as needed” (2013).³ Research demonstrates inadequate staffing is associated with negative patient outcomes such as “increased length of stay, nosocomial infection (urinary tract infection, postoperative infection, and pneumonia), and pressure ulcers” (Seago, p426).⁴ Safe staffing reduces staff fatigue that contributes to medication errors or patient injury from falls. Safe staffing also protects staff from fatigue that may cause staff injury (i.e. lifting injury) and resulting loss of work time. Shortell et. al also found that “low nurse turnover was related to shorter length of stay” (1994).⁵

Inadequate staffing is not only unsafe, but also expensive. The Institute of Medicine’s *To Err is Human* report states it best:

Beyond their cost in human lives, preventable medical errors... have been estimated to result in total costs (including the expense of additional care necessitated by the errors, lost income and household productivity, and disability) of between \$17 billion and \$29 billion per year in hospitals nationwide.⁶

Dall et al found that “each additional patient care RN employed (at 7.8 hours per patient day) will generate over \$60,000 annually in reduced medical costs and improved national productivity.”⁷ Ensuring safe patient ratios by way of reporting staffing levels sounds like an equally winning solution for patients, staff and hospitals.

The passage of SB 855 is essential to establish safe staffing ratios and reduce the above mentioned factors that lead to nurse burnout. Maintaining our nurse workforce is critical during this national shortage. A shocking statistic released by HealthGrades was that “an average of 195,000 people in the USA died due to potentially preventable, in-hospital medical errors in each of the years 2000, 2001 and 2001.”⁸ I would argue that this disgraceful number could be greatly reduced by ensuring adequate staff to treat patients. The Department of Public Health holds nurses responsible for the care they give to patients and families; SB 855 would ensure that hospitals are held responsible for providing a plausible environment for nurses to provide safe, efficient and compassionate care. The members of this Public Health Committee have a responsibility to address this critical issue and help keep their constituents safe. Please pass SB 855!

Thank you for your consideration,

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References

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